

J-1 ACADEMIC TRAINING

Request Form To be completed by J-1 Exchange Visitor

Personal Information	
NAME: (Family Name, First Name)	_ EMAIL ADDRESS:
CURRENT ADDRESS:	
COUNTRY OF CITIZENSHIP:	
DEPARTMENT:	DEGREE SOUGHT:
GRADUATION DATE:	
Practical Training Information	
REQUESTED START DATE:	REQUESTED END DATE:
EMPLOYER'S NAME:	
EMPLOYER'S ADDRESS:	
STUDENT SIGNATURE:	
DATE:	

Faculty Endorsement	
Mr./Ms, a J-1 student majoring in, wants to engage in the "Academic Training" program discussed below.	
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DESCRIPTION OF THE TRAINING PROGRAM:	
Location:	
Job Title:	
Name and address of the training supervisor:	
Goals and Objectives of the Specific Training Program:	
How does the training relate to the student's major field of study?	
Tiow does the training relate to the student's major field of study!	
Why is the training an integral or critical part of the academic program of the student?	
As the student's Academic Advisor or Dean I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the Academic Training program that I have described.	
Name and title of the Academic Advisor or Dean (Please print or type) Date	
Signature of Academic Advisor or Dean	
Evaluation by Responsible Officer (ISS Use Only)	
I have reviewed this letter and determined that the Academic Training being requestedisis not warranted.	
The criteria and time limitations set forth in 22CFR S514.23(f)(3) and (4)areare not satisfied.	
In order to ensure the quality of the Academic Training program, I hereby evaluate the effectiveness and appropriateness of the Academic Training in achieving the stated goals and objectives as follows: SatisfactoryUnsatisfactory.	
Marielena Maggio, Director Date International Student Services Tomlinson Hall, Room 143	